Feb 16 11 05:32p		JACKSON TRANSFER & STORAG	228137	8036483173	p.8	ı	
STA	TE OF SO	UTH CAROLINA) 228138				
		e) tion for a Class C Charter Certificate from oe dba Doe's Limo	,) BEFORE THE) PUBLIC SERVICE COMMISSION) OF SOUTH CAROLINA)			
		er and Storage, LLC) TRANS	SPORTATION COVE	R SHEET		
PO Box 181 Aiken, SC 29802) DOCKET 2010 295-1) NUMBER: 2018 - 241 - T				
) have a Docket N) have filed with the) If this is your first time filing an application with the PSC, you will) have a Docket Number. The Commission will assign one to you. If) have filed with the Commission before, a Docket Number was assign and should be entered above. 			
	e type or print) mitted by:	Beth Jackson	Telephone:	803-648-4217			
	ress:	PO Box 181	Fax:	803-648-3173			
		Aiken, SC 29802	Other:				
			Email:	jacksontransfer			
as req	E: The cover sl uired by law. ed out comple	neet and information contained herein neither re This form is required for use by the Public Serv tely.	places nor supplement vice Commission of So	is the filing and service of plouth Carolina for the purpose	eadings or of of docketing	and must	
		NATURE OF ACT	ION (Check all tha	at apply)			
	Application -	- Class C Taxi		Request to Amend Scop	e of Authori	ity	
	Application -	- Class C Charter		Request to Amend Tarif	f (rate incre	ase, etc.)	
	Application -	- Class C Charter Bus		Request to Amend Passe	enger Limit		
	Application -	- Class C Non-Emergency		Request			
	Application -	- Class E Household Goods		Exhibit			
	Application -	- Class E Hazardous Waste		Late-Filed Exhibit			
	Application			Letter			
	Request for l	Extension to Comply with Order		Proposed Order			
		Order Granting Authority to Obtain Certification and Necessity to Be Rescinded	ate of	Publisher's Affidavit			
	Request for	Cancellation of Certificate		Reservation Letter			
	Request for	Suspension		Response			
\boxtimes	Request for l	Reinstatement		Return to Petition			
	Request for	Name Change on Certificate	\boxtimes	Other: Request for Expe	dited Revie	<u> </u>	
	If you	have any questions about this form, please conta	act the PUBLIC SERV	ICE COMMISSION at 803-	896- 5100.		

CLASS E REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:			
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815			
DATE: <u>2/15/11</u>	ent of my:			
Please consider this an application for Reinstatem	OFF 10E			
Class E Household Goods Certificate (See	attached form and provide documentation)			
Class E Hazardous Waste Certificate				
My Certificate of Public Convenience and Necessi revoked/cancelled on 11/17/10 because	ty No. is <u>241-B</u> . My certificate was <u>failure to file Annual Report.</u>			
I am seeking reinstat	ement because <u>Jackson Transfer &</u>			
Storage, LLC wants to continue opera	tion.			
Jackson Transfer & Storage, LLC (Name of Company)	OBA(if applicable)			
291 Orangeburg St., NE (Street Address)	P.O. Box 181 (Mailing Address, City, State, Zip Code)			
Aiken, SC 29801 (City, State, Zip Code)	Signature)			
(803) 648-4217 (Telephone Number)	<u>Co-Owner</u> (Title) Owner, President, etc.			
	ORS Rev 3-2-10			

Jackson Transfer & Storage

291 Orangeburg St., NE Aiken, SC 29801

Ph: 803-648-4217 Fax: 803-648-3173

То:	Public Service Commission	of SC Date: 2/16/11			
Fax Nu	mber: <u>803-896-5199</u>				
From:	Beth Jackson	jacksontransfer@bellsouth.net			
RE:	Annual Report/Request for I	<u>Reinstate</u> ment			
"					
	nort	hAmerican.			
	You should receive	9 pages, including cover sheet			

Transportation CARRIER ANNUAL REPORT

HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS
OF

Jackson Transfer & Storage, LLC

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2009

[1	Calendar	Year	Ending	December	31,	2009
			OF				

[] Fiscal Year Ending _____

